

Centers for Medicare & Medicaid Services
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Welcome

Good afternoon, everyone. My name is Melissa McLean and I am with the Consumer Support Group. Before we start today's presentation I wanted to go over a few technical details. All of the lines have been muted so everyone can have a good learning experience. If you're listening through your computer speakers and have any audio issues or if your slides are not advancing you can refresh the webinar. Press the refresh icon that looks like two arrows and it's the third icon in the row near the volume bar. You can also log out and back into the webinar to help you reconnect. If you continue to have problems, you are welcome to join us through the telephone line. The instructions are included there on the screen. We will have questions being answered during the presentation and if you have any you can type in them in the ask a question box. Our first speaker is Michelle. Please go ahead.

Good afternoon! Thank you for joining us today and welcome to our weekly assister call. My name is Michelle Koltov, and I'm the technical assistance lead of the Division of Consumer Advocacy and Assister Support for the Marketplace.

As a reminder, this call is intended as technical assistance for assisters. It is not intended for press purposes and is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov. Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

We hope the first week of open enrollment has gone well for everyone. We've seen a steady stream of consumers visit HealthCare.gov to shop for affordable coverage and select health plans and so far it seems like Open Enrollment is off to a smooth start. We hope that you all were able to join the conference call for assisters with President Obama and HHS Secretary Sylvia M. Burwell. Like President Obama said, you all really inspire us, and we are very proud of the work you are doing.

Marketplace Updates

Before we get started with today's webinar, I'll highlight a few things from this past week's assister newsletter.

Pilot Program Reminder

First, on this past Tuesday, HealthCare.gov began piloting a new feature that allows some consumers to search plans by their preferred provider or health facility. As part of this pilot, some consumers will be able to access the Doctor Lookup feature as they compare their coverage options in window shopping or when selecting a plan. Assisters can help consumers use this tool and understand why it is helpful. You can click the link on the slide to view the full press release on the pilot.

@HealthCareGov

Also from this week's newsletter, if you aren't already, be sure to follow @HealthCaregov on Twitter and the hashtag #ACAssisters for updates, reminders, and new publications for assisters. We also encourage you to use the hashtag #ACAssisters in your social media work and join the conversation online!

Reminder: Help Consumers Ensure Timely Forms 1095-A

And the last feature I'd like to highlight from this week's newsletter is an important reminder regarding taxes.

As we have mentioned in the past, assisters can help consumers reduce Form 1095-A errors and ensure timely delivery of the form in two keys ways. First, encourage consumers who had 2015 Marketplace coverage to update their mailing address by November 15, 2015 if their mailing address changed during 2015 so that their Form 1095-A will be sent to the correct address; and second, suggest to consumers who are enrolling in coverage through the Marketplace for the first time, or who have not previously used an online account, that they create their online account before January 1, 2016. Click on the link on the slide to read more about health coverage and federal income taxes on HealthCare.gov.

Now let's begin our presentations for the today. Today, we will share a presentation on helping consumers with the eligibility redetermination and reenrollment process for 2016. We will also provide an update on the Small Business Health Options Program, or SHOP, Marketplace. But first, we are

joined by the National Latina Institute for Reproductive Health and Enroll America for a presentation on best practices for working with Latino Communities.

Best Practices for Working with Latino Communities

This presentation will be split into two parts, we are happy to welcome first, Jose Plaza, National Director on Latino Engagement at Enroll America. Jose will be followed by Dienes Costa, Associate Field Director for Community Mobilization, and Dinorah Martinez, Texas Field Coordinator, both from the National Latina Institute for Reproductive Health. As a reminder, during the presentation, if you have any questions, feel free to submit them through the chat feature. We'll answer questions at the end of the webinar today and include answers to questions in an upcoming newsletter. José?

Thank you and welcome to everyone. I hope today's presentation is useful. As the moderator mentioned I am José and I work for Enroll America and our Get Covered America campaign. For those of you in the field, thank you for the work you do to get consumers enrolled and we hope this presentation will be useful.

Today we will talk a bit about Latinos in the ACA as well as outreach and best practices but we also want to be able to focus on some of the barriers and the role that you play in lessening some of these issues. So really quick for those of you who may not know these numbers, although they are fairly common, in the last 3 enrollment cycles we have seen an 11% drop in uninsured Latinos. That is over 4 million. We have also seen over 900,000 young Latinos and Latinas including 375,000 remain on their parents' plan until the age of 26. And we have also seen that the largest drop in uninsured Latinos has been around young Latinos so the outreach needs to continue and we know for OE3 there are about 10.5 million uninsured eligible Americans that we want and we will be able to reach hopefully. One third of these are people of color and 19% of these are Latino. And 40% are living between at 140% or 250% of the federal poverty line. So this is really getting us to the issues of why Latinos are not enrolling and why it's important. What else do we know? Nearly half of Latinos remain uninsured in states that haven't expanded Medicaid. It's important that when working with them we look at issues of income and access to technology. They are experiencing issues getting information and understanding the coverage that they are signing up for. After the first enrollment we saw 25% of Latinos remain uninsured compared to only 14% of the US population. So we have to start rethinking how we are targeting Latinos in the work we are doing.

Latinas still have the highest rates of those lacking coverage among women aged 18 to 64 with 24% going without coverage compared to 13% of white women. Also important, women in general tend to forgo their own care to make sure their families' health care needs are met. So it is important to continue working with Latinas to work as surrogates but ensure they are getting coverage.

As many of you know, many Latinos are completely ineligible for the ACA due to their immigration status. Yet we know that 54% of Spanish-speaking Latinos have identified that insurance is very important for them and over 63% of them that speak Spanish prefer in person help. 80% percent of those that didn't visit the Marketplace tend to be Spanish-speaking Latinos. So it lets us know again that we need to be able to work with them in person in their community and begin explaining to them some of these tax credits because an overwhelming majority, 77%, don't understand tax credits. So even though they might be signing up and we might be getting millions of them, when it comes to their health insurance literacy we are seeing a lot of issues there.

One out of four immigrant households are part of a mixed status home. This results in a continued fear of immigration, ICE, as well as the rumor that if they apply it will impact future legal proceedings. So it's important when assisters are working with consumers that happen to be in a mixed status home we are not only culturally competent but also comforting of the fact that there is real fear of their legal status and family members that might be undocumented. There is also complex terminology, so we need to make sure that assisters are able to understand and explain and breakdown for Latino communities at the point of entry when they are signing up because a lot of times Latinos will sign up for plans without understanding what they are signing up for. The biggest thing that we have seen in these communities is the power of word-of-mouth. So if a Latino household is facing trouble with coverage it will deter others from working with them and signing up for health care.

The other thing that we are seeing is that the demographic numbers are not reflecting the ethnic enrollment patterns. As we know people can choose to identify their ethnicity when signing up. So assisters should ask questions to ensure that we are getting those demographic patterns because this in turn impacts the work that we do with the community and impacts who we are working with in terms of partners and funding so when people are coming to you to sign up be sure to ask that demographic question even though it may be easier to skip it and move along. In the long term then we will be able to truly document the impact that you are all having in the Latino community.

What is working. Messaging through traditional media like TV and radio and print are very much the ways of information for Latino households. Trusted surrogates are the best messengers. At Enroll America we work with faith leaders and both elected and local leaders and doctors and educators to be our surrogates. Ensuring that you create partnerships with them is very important because the events you hold or where you are in the community need to be trusted venues but also with the surrogates they already trust. The message must be simple and clear and culturally competent and understandable. Because there are cultural nuances there may be differences in communities and understanding. Lastly when working with health insurance literacy as we know, Latinos are not only lacking understanding when it comes to the health insurance framework but this impacts their ability to use that health coverage. It might end up costing them even more when they do need to get coverage. So any time there are gaps when it comes to their understanding, we need to know who these consumers want to get this information from. We also need to discover when and where consumers want to receive this information. It will usually be at point of entry or when they are actually using their health insurance. So for those of you that are in clinics and hospitals, you play a big role when consumers are seeking assistance, but for those of you that are doing the signing up it is important that you provide them resources for them to start understanding health insurance and begin building on their literacy around their health coverage.

We are also talking about tools that are culturally and linguistically competent. Here at Enroll America we have tools that are available free to use and to the public. We have a calculator that people can use on their mobile phone or through the web and just this week we launched our explorer tool. Similar to what others have but one of the neat things about this tool is that people are able to get not only their monthly premium that they are able to see their estimated yearly cost and doctors in their network as well as prescriptions and drugs they may be getting. All tools are great as long as we are getting them to the community. All of the calculators and connectors to make appointments with assisters, the plan explorer tool, are completely embeddable so people can use them. When talking about messaging the key is to be simple and clear and we like to stick to simple messaging that lets you know the

deadline and the price and what is covered and again gives you real world examples of people that have gotten coverage. You can find brochures and messaging online as well.

These are some of the resources we have, if you have some reading time. We developed a Latino toolkit on how to do outreach and enrollment. It could deal with immigration or working with young Latinos. We also have a calculator both in English and Spanish as well as a connector tool to make appointments with assisters. And another thing that has worked well at Get Covered America has been our faith-based outreach which is also in Spanish so you can work with faith-based leaders on giving them messaging and how to deliver that message. All of these are available at GetCoveredAmerica.org. I look forward to getting your questions. I will pass it on now.

Thank you, José. And welcome everyone to this webinar. So for all of you who may not know the National Latina Institute is dedicated to building Latina power to guarantee the fundamental right to reproductive health, dignity, and justice. And we do that by elevating Latina leaders and mobilizing our families and communities and transforming cultural narratives and catalyzing policy change. Today we will talk briefly about some of the positive impacts on the Latino community and the best practices of for enrollment. The first tip that I can share with you all is really knowing the community that you are in. As José mentioned the Latina community in Miami-Dade County looks very different from the Latina community in the Rio Grande Valley of Texas. So really understanding what has been the history of the community in that area, what are the populations, what countries are migrating into that area because that will not only give you some insight on what is happening in that community and what are the dynamics but it will also give you an idea of what is that community's experience with health and health care. In certain countries in Latin America they have a very different health care system than we do here and those nuances really tend to be a driver and a point of confusion for people. Example, in Columbia, you go to the hospital and at the hospital it's a one stop shop for all of your health care. It's very different here with managed care and all the different systems, so it can be a very daunting experience for someone who is recently migrated versus someone in the community like Cuban-Americans in Miami who have been here for generations.

In addition to getting to know your community, how do you engage with them? How do you get to know your community the best? The best tip I could share is doing outreach and really getting to know the local trusted leaders in the community. Engaging in outreach and where the community goes. So the public library or the supermarkets or the most popular corner bus stop, those are the areas and locations where you are really going to get to know the community and start conversations. Another huge resource in the community is any restaurant or vendor out on the street. They tend to know the community very well. They can really be allies. Keep in mind that there are a lot of community members that have not heard about the ACA and this may be new information for them.

It's also important to be culturally sensitive so understanding what communities are okay with using Latino versus Hispanic versus identifying based on their country. Those are small nuances that can make an impact on your outreach and enrollment. Be clear with the community on what documentation they need to present. Often times we will give them a checklist and assume that because it's on the checklist that they know what that document is. One example I would like to offer, I used to be an assister way back when and one of the experiences I had was when I asked someone for their resident ID card and their resident ID number they didn't have any idea where to find the number on the card. They had not seen it. They just carried the card and gave it to people when asked. That shows that even if given the documentation, they may not understand what it is, especially if it's not in their language. So be clear

with the community as to what documentation needs to be present and for whom. If it's a mixed status family be very clear what documentation needs to be provided for each person in that family.

Another big barrier that we have found is identity theft. That often happens in our communities and there are two sides to it. So being a victim of identity theft can happen and you find out during an enrollment, and having a very clear understanding of that being a possibility and how to support someone through that process. But also understanding there is a big concern about identity theft and having that sensitivity of I don't want someone to hear my Social Security number or where I live, those are really big barriers that can present themselves in enrollment spaces where there is an assister right next to another person. Child care is always a big concern for the community, and at enrollment events I always encourage having official child care provided.

So in terms of an actual enrollment event and what are the best practices at the events, I always recommend having a team broken out into different groups and having a welcome crew that can quickly assess whether a person has all of the documentation qualifying for access. I can't stress how many times I've heard stories of people showing up waiting for three hours and then finding out they were missing something or weren't eligible. That can cause some distrust in the community, so really honoring that very important first step of having a welcome crew to prequalify people. Also a lot of people may not have access to technology or email, so I know one of the steps is possibly doing an email creation or account creation and having to do symbols and numbers. That is very new to some people so be mindful to have people on your team there at the event specifically supporting people with the account creation process. It also creates a more streamlined process from beginning to end.

A big success that we have had across all of our affiliates and our partners is incorporating a health fair or some type of family activity into the enrollment event. For example in Texas, we have an activist who owns a hair salon and for all of our enrollment events she gives free haircuts for children and that really does bring out the community, even people who aren't eligible to enroll will come out just to support the health fair and get a haircut. Reliable internet is a very important need in these spaces. For us specifically we think about Texas and the lack of internet availability and access there, but I know in other spaces depending on what the location is making sure that if the Wi-Fi is available when you rent a space that it's really a reliable source of internet. Something that won't keep kicking you out of the system.

Another big recommendation is having educational sessions throughout an enrollment event that actually explain the benefits of the ACA and the process of health insurance in the United States to the community. There is an assumption that this is open enrollment three and we may already know this stuff but really we are seeing evidence that people have not been informed or if they have been informed they do not fully understand all of the nuances with the Affordable Care Act.

Lastly, I want to talk about really explaining the next steps of the enrollment process. Even if you are able to present a sample letter of what they will get in the mail from an insurance company, what documentation they may need to provide six months later or three months later or a year, really explaining to them that this is an ongoing process. It doesn't just happen once a year or one time and then you are covered forever. Also explaining to them a little of the nuances with a health insurance company and the way a health insurance company interacts with the ACA. Payments are also something you want to talk about, when their first payment may be expected. I remember getting a call from a consumer saying I got a bill but I don't know what to do with it. The bill was in English. He couldn't understand it. Be clear with your consumers about the next step.

Here are some resources that you can use on this slide. The Families USA resource center is a good one. And at Enroll America they have a very thorough health insurance literacy resource. To stay connected, CuidadoDeSalud.gov, Marketplace.cms.gov, and follow the Twitter and Facebook handles. Thank you all for joining and we will now take questions.

Helping Consumers with the Eligibility Redetermination and Reenrollment Process for 2016

Great. Thank you so much. We will hold questions until the end of the webinar. But please continue to submit questions. We are now joined by Stephanie Hengst from the Exchange Policy and Operations Group here at CCIIO who will present on helping consumers with eligibility and reenrollment for 2016. As a reminder please continue to submit questions throughout the presentation in the chat feature. We will answer those at the end of the webinar. We will include answers also in the upcoming newsletter. Stephanie?

Thank you. Welcome to the helping consumers with eligibility redetermination and reenrollment process. Welcome to OE3! We opened on Sunday and we are just closing out this first week of open enrollment. So a note about this presentation, the information in this presentation is only intended to be a general informal summary of technical legal standards. It's not intended to take the place of statutes, regulations, or formal policy that is based upon. It summarizes current policy and operations as of the date it was presented. Links have been provided for your reference. We encourage audience members to refer to the applicable statutes and regulations and other materials for complete and current information.

2016 redetermination and reenrollment overview. The coverage period for all 2015 qualified health plans in the individual market will end on December 31, 2015. A new coverage year will begin on January 1, 2016. Each year the Marketplaces must redetermine the eligibility of consumers enrolled in individual qualified health plans, QHPs, through the Marketplace. Like last year, the majority of current enrollees will be automatically reenrolled in the same plan or another plan according to the hierarchy designed to minimize disruption for coverage if they don't do anything for 2016.

Assisters should encourage consumers to come back to the Marketplace during open enrollment in order to review their application and make sure it is up to date. Many consumers' circumstances change from year to year and their health care needs can change as well. Make sure their household information, including income and family size is correct. That way the Marketplace can accurately calculate the amount of financial assistance they are eligible for in the form of advance payments of premium tax credits, or APTC, and income-based cost-sharing reductions. They should also review changes to their plan for the 2016 benefit year to compare it to other plans to make sure what they are enrolled in is still the best plan for them and their families.

What should assisters know about this process? While much of the redetermination and reenrollment process is unchanged for the open enrollment period 2016, I want to highlight a few changes that include the FFM will calculate the eligibility for 2016 APTC and CSRs using the most recent household income data available to the Marketplace. We will also use updated 2016 QHP prices and updated federal poverty levels. This is in contrast to last year where we just carried forward the 2014 APTC to 2015.

This year, the FFM will discontinue APTC and CSRs for enrollees who received APTC in 2014 but did not comply with the requirement to file a tax return and reconcile the APTC for that tax year 2014.

For an enrollee who does not contact the Marketplace to obtain an updated eligibility determination and select a QHP by December 15, 2015, the Marketplace will generally establish 2016 eligibility based on the most recent household income data available, together with updated FPL tables and benchmark plan premium information to update eligibility for APTC and CSRs and reenroll in coverage effective for January 1, 2016. Consumers have the opportunity to update their application and select a plan for the duration of the Open Enrollment Period, but must select a plan by December 15 for coverage effective January 1. If the enrollee selects a plan between December 16th and January 15th, coverage will begin February 1st. If the enrollee selects a plan between Jan 16th and the end of Open Enrollment on January 31st, coverage will begin March 1st. New coverage may begin sooner if a plan selection is made under a special enrollment period.

So Marketplace Open Enrollment notices, they started going out to consumers in October. These notices included a description of the annual redetermination and reenrollment process, the requirement to report changes affecting eligibility and the channels for reporting such changes, and key dates for open enrollment. The notice will also contain messages for enrollees based on circumstances that may impact their financial assistance. For enrollees who authorized the Marketplace to request updated tax return information for use in the annual redetermination process and who are receiving APTC or income-based CSRs, this notice will have information about how the Marketplace will establish eligibility for APTC and CSRs for 2016 if they do not contact the Marketplace to obtain an updated eligibility determination and select a QHP by December 15, 2015.

In addition there are targeted messages in certain groups in the notice. The income-based outreach group includes consumers who are receiving APTC/CSR, authorized the Marketplace to request updated tax information, and for whom either no updated tax data is returned by the Internal Revenue Service (IRS) in response to the Marketplace's request; the most recent Marketplace eligibility determination for 2015 shows an income above 350% FPL; or updated data from IRS shows income above 350% FPL, or income that is 50% higher or lower than their most recent Marketplace eligibility determination for 2015, or income below 100% FPL. That means that the data has shown there is a change in their income. These notices will indicate it is important for them to return to the Marketplace and obtain an updated eligibility determination.

Marketplace Open Enrollment Notices will also include special messaging notifying certain enrollees that they will lose financial assistance at the end of the 2015 plan year unless they take certain steps. The first group is the opt-out group. They are consumers enrolled in a QHP with APTC or income-based CSRs who did not authorize the Marketplace to request updated tax return information for use in the annual redetermination process (or only provided a time-limited authorization which has expired; in that case they provided authorization to the Marketplace for only say two years, and that time has run out and we are not able to check our data for this year).

The next group that would receive targeted messaging is the special notice group. This group is consumers enrolled in a QHP with APTC or income-based CSRs who have updated tax return information that reflects household income that is above 500% of the FPL, when evaluated together with the family size used for the enrollees' most recent eligibility determination and updated federal poverty level (FPL) tables.

The third group that receives special targeting messages is the failure to reconcile group. These are consumers enrolled in a QHP with APTC or income-based CSRs for whom the IRS has informed the Marketplace that APTC was provided for the listed tax filer(s) for 2014, and the tax filer(s) did not comply with the tax filing and APTC reconciliation requirement.

So a quick refresher on that failure to file group. Enrollees who received APTC are required to file a federal income tax return including the IRS Form 8962 to reconcile the amount of advance payments of the premium tax credit (based on projected household income) with the final premium tax credit the enrollee is eligible for (based on actual household income for the year during which they received APTC).

They will also receive issuer notices. Like last year, issuers will send current enrollees a notice before Open Enrollment. The renewal notices will indicate the crosswalked plan the consumer will be auto reenrolled in if the consumer does not return and select a new plan. A crosswalked plan is a 2016 plan that is the same as the consumer's 2015 plan, if available, or another plan selected according to the hierarchy designed to minimize disruption for the consumer. The notice also includes key changes to benefits and cost-sharing between the 2015 and 2016 plans. It also includes information about the APTC the consumer will receive if the consumer is auto reenrolled.

So what can assisters do now? They can encourage enrollees who received APTC in 2014 to file their 2014 federal income taxes and reconcile their APTC as soon as possible, even if they missed the filing deadline or they are within their filing extension deadline. They can remind enrollees that even if they usually don't have to file an income tax return, if they received APTC in 2014 they need to file a tax return. Consumers can file an amended return, so they may want to file now to ensure they continue to receive APTC, even if they think they may need to make changes in the future. Assisters can help enrollees who haven't filed their taxes yet understand what steps to take, including helping them access their Forms 1095-A and report any errors.

Enrollees can log in to their respective Marketplace accounts to view or download their Form 1095-A. CMS is processing 2014 Form 1095-A correction and reprint requests on an ongoing basis. If they recently requested a corrected or reprinted 1095-A for 2014, they should receive a response from CMS within a couple of weeks. Once they receive their corrected Form 1095-A, they should keep a copy in case IRS has follow-up questions regarding the corrected form.

Assisters can also help enrollees who are unsure whether they are at risk for losing APTC because they did not file a tax return and reconcile their 2014 APTC. You can encourage them to check with the tax filer in their household to see if a 2014 tax return was filed. Or you can encourage the enrollee to have the household tax filer use Interactive Tax Assistant at [http://www.irs.gov/uac/Interactive-Tax-Assistant-\(ITA\)-1](http://www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1) or call the IRS call center at 1-800-829-1040. Note that in order to protect federal tax information, the Marketplace Call Center will not be able to tell consumers whether they are at risk for losing APTC because they failed to file and reconcile. Encourage all enrollees to return to the Marketplace during Open Enrollment.

Providing updated household information, obtaining an updated eligibility determination, and browsing available plans may help enrollees find the best options for their families. Enrollees who have filed their 2014 tax returns can attest on the application by checking the box telling the Marketplace that they have done so and keep their APTC for 2016.

And this is a screenshot of the attestation question for filing 2014 taxes and reconciling 2014 APTC. More information on filing a 2014 federal tax return using Form 8962 is available through the links on your slides, and these slides will be posted too, so you'll be able to access these links later. You want to let consumers know that in many cases filing their return electronically is free, so here are some links where you can do that. You can help them use the Free File or E-file features on IRS.gov. Free tax preparation help may also be available. Many consumers may qualify for assistance through the Volunteer Income Tax Assistance program which offers free tax help to people who generally make \$53,000 or less, folks with disabilities, older adults, and folks with limited English proficiency. They are usually available at community and neighborhood centers like libraries and schools or shopping malls. You can locate a site near you here with a link on the screen at IRS.treasury.gov. The phone number is also at the bottom of your screen, it's 1-800-906-9887.

You should make sure consumers authorized the Marketplace to access their updated tax information. And there's a screenshot here of the application. If consumer didn't check "agree" here authorizing the Marketplace to use information from their tax returns to help redetermine their eligibility, they must update their application by December 15, 2015 or any financial assistance they currently get will stop on December 31, 2015. Let them know that when they update their application, they can allow the Marketplace to use information from their tax returns for future eligibility redeterminations.

Ask consumers if their income changed. If consumers are at risk of losing APTC, and they did authorize the Marketplace to use their updated tax data, and they did file a 2014 tax return along with Form 8962, or didn't need to because they didn't receive APTC in 2014, then this means that based on the Marketplace's most recent income data sources and the information on their application, their household income is above 500% FPL. They should return to the Marketplace and update their information by December 15, 2015 to see if they're eligible to continue getting financial assistance. If they're not, or if they take no action, any financial assistance they currently get will stop no later than December 31, 2015.

A couple of other pieces of information about reenrollment. Most enrollees who return to their Marketplace account on or after November 1 will find a pre-populated application that they should walk through and report any changes or verify the existing information. New this year, enrollees who want to actively reenroll in the reenrollment plan identified by their issuer, they will find that plan in "Saved Plans" in Plan Compare. And they can use this process until December 15, 2015. On or after December 15, consumers who are automatically reenrolled will be able to see their 2016 coverage in their HealthCare.gov account. And they can still report changes and/or make a different plan selection until the end of open enrollment on January 31, 2016 or during a special enrollment period.

Again, during Open Enrollment, enrollees may change plans, even if the coverage under the enrollee's original selection (active selection or automatic reenrollment) has been effectuated. As we talked about at the beginning of the presentation, effective dates for plan selection changes will align with normal effective dates (although in some cases enrollees may qualify for SEPs with accelerated or retroactive effective dates). And here's a chart here showing the effective dates that Stephanie went over at the beginning of the presentation.

After December 15, 2015, the Marketplace will send enrollment confirmation messages to 2015 enrollees, with information about the status of their auto reenrollment. These confirmation messages will note whether each person on the application was successfully reenrolled into 2016 QHP coverage and, if so, the QHP names, QHP IDs, and whether any financial assistance was applied. Consumers who

were not successfully reenrolled will be encouraged to complete a 2016 application and plan selection through the Marketplace, and to contact the Marketplace to find out if a special enrollment period may be available for a coverage effective date of January 1.

And then we have some resources here, including sample Marketplace Open Enrollment notices in English and Spanish, and if you want a lot more detailed and technical information, the Bulletin 16 that's listed here has a lot of great information about the reenrollment process, but it's a really detailed bulletin that's designed for issuers, so only if you want advanced guide to the reenrollment process, this can be a good resource.

I will turn it over to Michelle.

Small Business Health Options Program (SHOP) Overview and Update

Thank you Stephanie and for Emily for jumping in. We are now joined by Laura from CCIIO's Small Business Health Options Marketplace. She will provide an overview and update on the SHOP Marketplace and as a reminder please submit to your questions through the chat feature.

Thank you, and thank you for joining us today. This portion of the presentation is going to be an overview of the SHOP Marketplace, the one that was created under the Affordable Care Act for small businesses. This presentation will address the SHOP that is available through HealthCare.gov. Some states might be running their own SHOP Marketplaces and those may operate a bit differently so if you are unsure whether your state uses the SHOP Marketplace on HealthCare.gov or runs its own please visit HealthCare.gov and select your state under the small businesses tab for more information. A reminder, this is not an open call for the press, and also the information that is presented here is not intended to be legal or tax advice. For such advice we do encourage you to contact a legal or tax professional and talk with them. Thank you and we will get started.

So the small business health options program or the SHOP Marketplace is the health insurance marketplace for small employers. It helps them research, compare, and select health insurance for their employees. It also makes it easier for small businesses to offer affordable and quality coverage. Some states are running their own SHOP Marketplaces while others are participating in the SHOP Marketplace that is available at HealthCare.gov. This presentation will focus on the one that is available at HealthCare.gov. Generally this is open to employers with 1 to 50 employees, including nonprofit and religious organizations. Though the SHOP Marketplace is available with employers up to 100 employees in some states. The SHOP offers a choice of health and dental plans and tools to help customers make informed decisions. Employers and their employees can submit an initial group enrollment for SHOP coverage at any time throughout the year. After the initial group enrollment is submitted and the coverage goes into effect, SHOP enrollments are limited to an annual enrollment period for employees, special enrollment periods, and those available for newly employed. In addition, if their employers offer their employees coverage through the SHOP Marketplace and they meet other eligibility requirements they may be able to claim a small business health care tax credit worth up to 50% of their premium contribution. With the insurance reforms the SHOP Marketplace will help spur competition based on price and quality.

Small employers, their employees, and those assisting them can compare and enroll in coverage through HealthCare.gov. Through the SHOP Marketplace small employers now have the option to offer

employees a choice of health and dental plans much like large employers do. Small employers with fewer than 50 full-time equivalent employees are not required to offer their employees health insurance and there is no penalty if they choose not to. There are many benefits in offering health and dental insurance through the SHOP Marketplace. It gives them convenience and choice. As I mentioned it is open all year so that means employers can submit their initial group enrollment at any point during the year. Small employers and assisters can browse, compare, and apply for health and dental plans all on HealthCare.gov. In the SHOP Marketplace, if an employer's initial group enrollment is completed between the first and 15th day of the month, coverage can begin as soon as the first day of the next month. For example, if the initial group enrollment is completed on October 10, 2015 group coverage can begin as soon as November 1, 2015. However initial group enrollments after the 15th of the month, coverage can begin as soon as the first day of the second following month. So for an enrollment that's completed on October 18, group coverage can begin as soon as December 1. Small employers also have the option to offer their employees and, if applicable, their dependents a choice of health and dental plans in one coverage category or they can choose to offer a single health or dental plan.

Despite the ability of employers to offer their employees a choice of plans, each month the employer will receive and pay just one monthly bill. The SHOP Marketplace also give employers control over spending. Employers get to decide which plans to offer their employees and how much they want to contribute to their employees' premiums. They will also decide whether or not they want to offer coverage to their employees' dependents and how much to contribute to those premium costs. The SHOP Marketplace also gives employers access to tax coverage. The small business health care tax credit may be worth up to 50% of an employer's premium contribution. The tax credit is available exclusively through the SHOP Marketplace. And finally the SHOP Marketplace offers many ways to get help. Employers can search for an assister in their area through the Find Local Help tool that is available on HealthCare.gov without creating an account. The SHOP Call Center is also available to assist agents, brokers, employers, employees, and assisters. I will provide more details later in the presentation.

In most states the SHOP Marketplace is open to small employers with 1 to 50 full-time equivalent employees. Some states using the SHOP Marketplace may allow small employers with 1 to 100 employees to enroll. To find out if it's available for the businesses you're assisting, please contact your state department of insurance for more information. Part-time workers whose combined hours total at least 30 hours per week are also included when determining SHOP Marketplace eligibility. They must have at least one employee on payroll who is not a business partner or spouse to be eligible for coverage. HealthCare.gov offers an online tool (SHOP FTE calculator) that can help employers count how many full-time equivalent employees they have to help determine if they are eligible for the SHOP Marketplace. To participate in the SHOP Marketplace employers must offer coverage to all full-time employees who work an average of 30 or more hours per week. Employers must also have a principal business address or eligible employee worksite in the state in which the coverage is offered. Employers who have employees in more than one state have two options when they are offering. They can choose a single health plan with a multistate or national provider network and offer it to all the business locations or they can create an account in each state where the employees have a primary work site as long as the business in each of those states meets all of the criteria to participate.

Now I will discuss some options for self-employed individuals. Self-employed individuals, sole proprietors, or shareholders of more than 2% of a corporation that has no common law employees can't buy health insurance through the SHOP Marketplace. But these individuals and their spouses may qualify to buy insurance for the health insurance market place for individuals and families. Depending on the level of income, they may qualify for tax credits through the health insurance marketplace. While

eligible small employers can complete an initial group enrollment at any time during the year through the SHOP Marketplace, those who are using the health insurance marketplace for individuals and families generally must enroll during the open enrollment period. Open enrollment for 2016 coverage began on Sunday, November 1, 2015 and will end on January 31, 2016. Outside of Open Enrollment, sole proprietors, self-employed individuals and their families may be eligible to enroll the Health Insurance Marketplace.

Before employers can complete their enrollment in a SHOP Marketplace plan, the employer will need to meet the minimum participation rate for their state. In many states that are using the SHOP Marketplace on HealthCare.gov at least 70% of the business or group employees who are offered coverage must accept that offer of coverage before any of the employees can enroll. States and issuers can set different participation requirements for small group plans offered outside of the SHOP Marketplace. In a few states the SHOP has different participation requirements so please visit HealthCare.gov for more information. There is an exception to these minimum participation requirements. From November 15 through December 15 of each year employers can buy small group coverage through the SHOP Marketplace without having to meet any minimum participation requirements.

So a little bit more on the minimum participation rate. An employers' participation rate is determined by taking the number of employees who are enrolling in coverage offered through the SHOP and dividing it by the total number of the employees who are offered coverage. The calculation beginning in 2016 and beyond is a little different than how it was in years past. The calculation differs this way: Beginning in 2016 all employees who are enrolled in qualified health coverage will be counted towards an employer's minimum participation rate, making it easier for employers to enroll their small businesses in SHOP coverage. They don't need to calculate the minimum participation rate themselves. The SHOP application will monitor the participation based on the employees accepting or waiving the SHOP coverage offer. They can also use the minimum participation rate calculator that is now available at HealthCare.gov to help predict if the group will meet the minimum participation requirement for their state. Once again, there is an exception to the minimum participation requirement. From November 15 through December 15 of each year, small employers can enroll their business in SHOP coverage without having to meet the minimum participation rate for their state. As long as they meet all other eligibility requirements.

So there are a few other new things. These options, I will run through these now. Beginning in 2016, the employers have the option to offer their employees and their dependents if applicable only health coverage, only dental coverage, or both health and dental coverage. If an employee is offered both, he or she may choose to enroll in both, or only health, or only dental.

If the employer chooses to offer coverage to their employees' dependents they have the same enrollment options. However the employee has to first enroll in health or dental before the dependents can enroll. Employees and their dependents must enroll in the same health or dental plan.

So when employers offer health and dental through the SHOP Marketplace they can offer their employees and if applicable their dependents a single health or dental plan or they may offer a choice of health or dental in one plan category. This is known as the employee choice option. Employees get a choice of health and dental but the employer gets to set limits by deciding which category it plans to offer and how much it plans to contribute to premiums. Offering employees a choice of plans can provide advantages for both employers and employees. It can mean less hassle for employers because

they don't have to spend as much time trying to find one plan to fit all. It means that employees can select a plan that works best for their individual needs. Offering employees a choice of health plans as many large employers do can help a small business attract and retain employees. When employees can choose their own plans, insurers have to compete for their business, which can lead to lower cost and better service. With the SHOP Marketplace more choice comes with less paperwork. No matter how many different insurance companies or plans employees select, the employer gets and pays one monthly bill. The SHOP takes place of disbursing payments.

Before employees begin their SHOP application they can visit the See Plans and Prices tool on HealthCare.gov to get price estimates for all of the qualified health plans and qualified dental plans available through the SHOP Marketplace. Users will just answer a few questions such as whether they are looking for health or dental and they will select the state where their primary business address is. The estimates of prices are based on the age ranges of the employees and where the business is located. Estimates reflect prices for people who don't use tobacco. Insurers are allowed to charge higher premiums for tobacco users. Agents, brokers, and Navigators can help employers use the See Plans and Prices tool and make plan comparisons. It's important to note that neither the price estimates on HealthCare.gov nor the final quote will reflect any savings that an employer may be able to receive through the small business health care tax credit after filing tax returns.

We will now take a look at the actual enrollment process in the SHOP. Employers have the option to enroll on their own or with your help. As assisters, these are the steps you will want to be familiar with as you walk small employers through their application. Just quickly, you will help the employer first visit healthcare.gov/small-businesses/employers. They will select the state from the drop-down menu and click apply now. They will need to create an account if they don't already have one and they will need to complete the SHOP Marketplace application. Within the application they will select the coverage that they want to offer and decide what the premium contribution will be and they will make their offer to the employees. Through their account they will be able to track the employee participation and eventually submit their enrollment. They will then submit initial premium payment in order for the coverage to go into effect.

So here is a quick snapshot of the employee enrollment process through HealthCare.gov. Employees will be notified of their employer's offer of health or dental coverage via email. Once the offer of coverage has been received, all employees regardless if they plan on accepting or waving their employer's offer of coverage will go to HealthCare.gov and select the small businesses tab. If they have an account, they will login. If they don't have an account they will need to create one by creating an account. Once they are logged in, the employees will be asked which Marketplace they want to visit. And to respond to an offer of coverage they will visit the employee Marketplace. Then the employee will be asked to enter the participation code that they received in their email. Last, the employee will be asked to waive or select a plan and enroll. If an employee does not sign up for SHOP coverage during initial enrollment, he or she can enroll due to a life-changing event.

Next I will go into a little more detail about the small business health care tax credit. It was created to help small employers of low to moderate wage workers defray the cost of providing coverage. One reason for employers to consider offering employees SHOP Marketplace coverage is that as of the year 2014 the credit is generally only available to those who had employees enrolled in SHOP Marketplace coverage. Employers may be eligible for the credit if they have fewer than 25 full-time equivalent employees and those employees have average wages of less than \$50,000 per year (adjusted annually for inflation). The average salary limit as I said is adjusted for inflation and that started in 2014 and for

practical purposes that means that an employer whose employees' wages average less than \$50,000 a year may qualify for the tax credit in 2015 and now in 2016. The limit on employer size applies to full-time equivalent employees. That means that employers who have more than 25 low to moderate wage part-time employees may still be eligible for the credit. For example, two half-time employees may equal one full-time equivalent (FTE) employee. FTE employees are calculated differently for the purposes of the tax credit than for determining whether the employer can use the SHOP. The credit bases FTE employees off of a 40 hour work week. To be eligible for the credit, employers also have to pay at least 50% of employees' self-only health insurance premiums. It is available for for-profit and tax-exempt employers. For for-profit employers, the credit may be worth up to 50% of the employer's contribution to health coverage. For tax-exempt employers, it may be worth up to 35% of the employer contributions. It's received as a refund rather than a credit. Eligible employers can take advantage of the tax credit by filing for the tax credit with the IRS at the end of their tax year.

As assisters, there are a number of ways you can help small employers and their employees with their SHOP application and enrollment process. As you know, health insurance is complicated and many of the employers you will be working with will have a lot of questions. Here are some ways to help them out with their SHOP applications. You can help employers browse plan offerings using the See Plans and Prices tool that is available on HealthCare.gov. This tool now shows plans and rates for the 2016 plan year. You can sit down with employers to view the plan offerings available in their area and get a better sense of the coverage they want to offer. You can also help them determine if they are eligible for the SHOP Marketplace by using some of the tools that are available such as the SHOP FTE calculator which helps employers understand if they will be eligible for the SHOP Marketplace based on the size of their business. Also the minimum participation rate calculator helps them understand if they will meet the minimum participation rate and help them enroll if they are not enrolling in the one-month window. There is also the small business health care tax credit estimator which helps screen employer's eligibility and worth for the tax credit for participating in the SHOP Marketplace. You can also help to make sure they have all the information they need to complete their application including their basic business information and include their federal employer identification number and also their employee information. They should collect a list of employees that they want to include in their offer of coverage. The employer will need the employees' first and last name, the date of hire, the date of birth, the home address, the email address, and Social Security number. They will also need any information on dependents if applicable.

You can also help employers get organized for their coverage offer. They will need to decide the following. How and when to offer coverage, when do they want their coverage to go into effect, what coverage would they like to offer, do they want to offer health or dental or both, do they plan to offer coverage to their employees' dependents, or do they want to offer a single health and/or dental plan or do they want to offer a choice of health and/or dental plans and what can they afford to contribute? There are key dates for assisters to remember. SHOP Marketplace enrollment submitted by the 15th of the month will begin as soon as the first day of the next following month. So once again, for example, for an application that is submitted on November 12, coverage can begin as soon as December 1. SHOP enrollment submitted after the 15th of the month will begin as soon as the first day of the next following month. For example, if it's submitted on January 18, coverage can begin as soon as March 1. Between November 15 and December 15 of each year they may enroll in SHOP Marketplace coverage without having to meet the minimum participation rate for their state.

I just want to highlight a few resources for you now. There are SHOP Marketplace enrollment videos available on the CMS YouTube channel to help you and the employers you're working with the SHOP

application and enrollment process. You can access them by clicking on your screen. We are in the process of updating these for 2016.

This slide provides a snapshot of some tools that may be helpful to you and the employers you may be assisting on HealthCare.gov. There is a link to the tools here as well as a brief description of how these may be helpful. This slide just gives a bunch of resources available for you the assister community to help you help the small employer that may be coming to see you. We also have some frequently asked questions about the Marketplace and some more information about the tax credit and where you can find out a little bit more about that. We do have an ongoing bi-weekly webinar series that an organization called the Small Business Majority hosts and CMS in accordance with the Small Business Administration presents on, and there's a link here on the screen. We also have some really helpful user guides and some more details on the enrollment process that may be helpful for you. Finally, the SHOP Call Center information is listed on the screen. It's a really great resource to use for employers who are enrolling and this Call Center is available to help assisters as well as agents and brokers in helping employers and employees with their SHOP coverage.

Q&A

Thank you, Laura. I know our assisters have a lot of questions about SHOP. We really appreciate the presentation. We have some time for a few questions. We will go back to some of our questions we had earlier.

I will start with this question first on reenrollment. If consumers start a new job and experience an increase in income, would that count as an SEP or would they only be eligible for an SEP if they lose their job and experience a decrease in income?

First of all, if a consumer has an increase or decrease in income, they should always report that change to the Marketplace because it could impact their eligibility, how much APTC they are eligible for. If they are now offered a job that has benefits offered to them, they would want to report that because they should be taking and accepting these benefits offered through the job, and if they had a job that had benefits and they lost that job that would then make them eligible for coverage through the Marketplace, they would want to report that and that would qualify as an SEP if it's outside of open enrollment. So, again, always encourage consumers to report any type of changes as soon as possible to ensure they are getting the most accurate APTC and it may benefit them in the end especially when it comes time to reconcile their tax credits.

Thank you. We will now do some SHOP questions with Laura. First, as an assister, do I have to help employers and employees with enrolling in SHOP Marketplace coverage?

No, you are not required to help employers and employees enroll in SHOP Marketplace coverage, but you can and have received training on SHOP Marketplace coverage as part of your assister training requirements (unless you are a CAC). You can refer employers and employees to an assister with more SHOP Marketplace enrollment experience or refer them to Find Local Help for a list of SHOP Marketplace-certified agents and brokers in their area.

In the presentation, you said that this year, states may choose to allow employers with 1-100 full-time employees to participate in the SHOP Marketplace. How do I find out which states have chosen to do this?

This is a change from last year, when only small employers with between 1 and 50 full-time employees could participate in the SHOP Marketplace. Legislation was passed in early October that allows states to expand their SHOP Marketplace to 1-100 employees. To find out if your state has decided to open the SHOP Marketplace up to small employers with 1-100 employees, contact your state's DOI.

What is the difference between a full time employee and a full time equivalent employee?

In the SHOP Marketplace, a full time employee is defined as an employee who works an average of 30 or more hours per week. A full-time equivalent (FTE) employee is when workers combined or total hours is 30 hours or more. For example, if a business has two part time workers, each working 15 hours per week, those two part time workers equal one full-time equivalent employee. The SHOP FTE calculator on HealthCare.gov is available to help employers and, and agents and brokers calculate how many full-time equivalent employees a business may have for purposes of SHOP Marketplace eligibility.

Thank you. I know there are other questions, and we will be following up with additional answers to the questions in our newsletter in the webinar resource section. A big thanks to all of our presenters today. We are unfortunately out of time. Thank you everyone for the questions that you've submitted through the chat feature. We'll follow up with additional answers in our assister newsletter's "Webinar Resources" section in the coming weeks.

Just a reminder, there is no webinar next week and our next one will be in two weeks on Friday, November 20 at 2:00 p.m.

If you would like to sign up for the newsletter and get webinar invitations please send request via the assister listserv email assisterlisterv@cms.hhs.gov, and write "add to listserv" in the subject line.

Thank you again for all of your hard work. Your hard work is crucial to the success of this open enrollment period and we thank you so much for your partnership. Have a wonderful weekend.